

PTO/SB/81 (09-03)

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/735,436
Filing Date	12-12-2003
First Named Inventor	Heinrich Sussner
Title	METHOD AND APPARATUS FOR HIGH DENSITY MAGNETIC ACCESS MEMORANDUM PAPER
Art Unit	2811
Examiner Name	Not yet assigned
Attorney Docket Number	SUSS-001

I hereby appoint:

 Practitioners associated with the Customer Number:

OR

 Practitioner(s) named below:

	Name	Registration Number
Thomas R	Berthold	28,689

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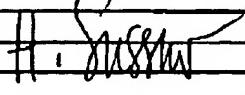
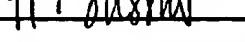
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<input checked="" type="checkbox"/>	Firm or Individual Name	Thomas R. Berthold
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Address		
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Country	USA	
Telephone	408-396-8411	Fax 408-904-6605

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Heinrich Sussner	
Signature		
Date	6/6/04	Telephone 1450 223 7789

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of 1 forms are submitted.

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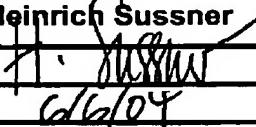
(to be used for all correspondence after initial filing)

	Application Number	10735,436	
	Filing Date	12/12/2003	
	First Named Inventor	Heinrich Sussner	
	Art Unit	2811	
	Examiner Name		
Total Number of Pages In This Submission	2	Attorney Docket Number	SUSS-001

ENCLOSURES (Check all that apply)

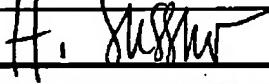
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Heinrich Sussner
Signature	
Date	6/6/04

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Heinrich Sussner
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